

# Unit Swim Test Form

This is the individual's swim classification as of this date. Any change in status after this date (i.e., non-swimmer to beginner or beginner to swimmer) would require a reclassification test performed by an approved test administrator. Changes and corrections to the following chart should be initialed and dated by the test administrator.

**SPECIAL NOTE:** When swim tests are conducted away from camp, the camp aquatics director retains the right to review or retest any or all participants to ensure that standards have been maintained.

Unit Number \_\_\_\_\_ Date of Swim Test \_\_\_\_\_

NAME OF PERSON CONDUCTING THE TEST: \_\_\_\_\_

	Full Name (Print) <small>(Draw lines through blank spaces)</small>	Medical Recheck	Swim Classification		
			Non-swimmer	Beginner	Swimmer
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					

\_\_\_\_\_  
Print Name Signature

\_\_\_\_\_  
Qualification Council/Agency (Red Cross, YMCA, etc.)

UNIT LEADER:

\_\_\_\_\_  
Print Name Signature Print Name